Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Approved for use through 1/31/2007, OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Α	Application or Docket Number 10/587,939			ing Date 02/2006	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)									SMALL ENTITY				HER THAN ALL ENTITY
	FOR		NUMBER FILED		.ED	NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1 16(a), (b), or (c))				N/A			N/A		N/A			N/A	
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A				N/A		N/A			N/A	
EXAMINATION FEE (37 CFR 1 16(o), (p), or (q))			N/A				N/A		N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		us 20 = *			П	x \$ = 1		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 =		inus 3 =			П	x s =		1	X 8 =	
	APPLICATION SIZE 37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								П]		
* If the difference in column 1 is less than zero, enter "0" in column 2.									TOTAL]	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	06/22/2011	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOU PAID FOR	ISLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 17		Minus	** 21		= 0	П	x s =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 7		Minus	7		- 0	П	X \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIM REMAINI AFTER AMENDM	ING R		HIGHE NUMBE PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())			Minus			=	П	X \$ =		OR	X 8 =	
M	Independent (37 CFR 1 16(h))			Minus	***		-	П	X \$ =		OR	X 8 =	
E.	Application Size Fee (37 CFR 1.16(s))							П			l		
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
** If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "lighted Number Previously Paid For IN THIS SPACE is less than 20, enter "20" "If the "lighted Number Previously Paid For IN THIS SPACE is less than 20, enter "3" The "Highest Number Previously Paid For IT THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For IT (Total or Independent) is the highest number found in the appropriate box in column 1. The "Highest Number Previously Paid For IT (Total or Independent) is the highest number found in the appropriate box in column 5.												

into consciond information is required by 3 of Let 1. 16. The findmand is required to disord or retain a content of the light of the let include the process) an application. Confidentially is governed by 3 to S.S.C. 122 and 37 CHI. 14. This condition is elemented to be late 12 minutes to one injective including galineting, preparing, and submitting the completed application form to the USPTO. Time will way depending upon the individual case. Any comments on the amount of time you require to complete this form and ors suggestions for reducing this burdon, should be sent to the Cell elithornation of Disor. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 2231-0. D.N.O.T. 1550, J. P. ESO OFFICE TO THIS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Sox 1450, Alexandria, V.A. 2231-31450.